

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

11 CIV. 4354

Antonios Stamos

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Prime Medical Billing and Management, LLC d/b/a

Prime Medical Billing

Jury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

PRO SE OFFICE

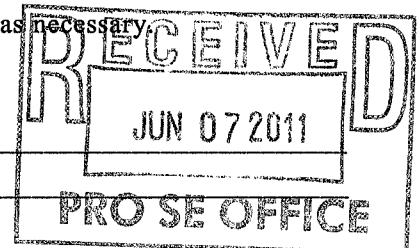
I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Antonios Stamos
Street Address 201 Murray Avenue apt. 1-S
County, City Westchester County, Yonkers
State & Zip Code New York 10704
Telephone Number (914) 439-7951

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Prime Medical Billing
Street Address 33 West Main Street, suite 406



County, City Westchester County, Elmsford

State & Zip Code New York 10523

Telephone Number (914) 909-9161

Defendant No. 2

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 3

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 4

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Has Defendant violated the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. §§ 1692
when, in fact, Plaintiff notified Defendant a number of times [by mail and in person] to cease and
stop mailing any further billing notice(s), letter(s), or collection letter(s) in 2010 and 2011.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? In Westchester County. More precise, started in Elmsford, New York and ended in Yonkers, New York.

B. What date and approximate time did the events giving rise to your claim(s) occur? The exact dates are: February 27, 2010; March 18, 2010; July 07, 2010; December 02, 2010; April 14, 2011; and May 26, 2011.

The exact or approximate times are unknown.

C. Facts: As of the filing date of this action, I believe that I have received a total of 6 collection notices from the defendant. On February 27, 2010 I received the very first collection notice. Thirteen days later I received a second collection notice from the defendant. This Court has to agree with me that this is an unreasonable for a collection company to mail a person two collection notices within a 30 day period. I have proof to back-up this claim. Wait there's more. On March 18, 2010 I received a second collection notice from the defendant. Wait there's more. On July 07, 2010 I received a third collection notice from the defendant and this time this matter was getting out of hand. Thus, I mailed a letter which was dated July 07, 2010 asking to stop any and all collection efforts. I mailed the July letter to the defendant via certified mail return receipt requested and certificate of mailing. Thus, I mailed 2 letters on July 08, 2010 asking defendant to stop any and all collection efforts. It is assumed that defendant received both of my letters because none has returned to me in the mail. I have proof to back up this claim. Wait there's more. On December 02, 2010 I received a fourth collection again notice from the defendant. Thinking that this was some kind of mistake on the part of the defendant, I let this pass. Wait there's more. On April 14, 2011 [2 days after my uncle in California died] I received a fifth collection notice from the defendant. This time I wrote a letter that was dated April 20, 2011 requesting defendant to stop collection efforts. I personally served Nicole Galaso an employee of defendant on April 22, 2011 at 9:49 am and I also mailed 2 additional copies of the April 20, 2011 letter to the defendant. I mailed the 2 letters via USPS certified mail return receipt requested [7001-1940-006-1757-9849] and certificate of mailing that very same day.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

I have not received any physical injuries from the defendant, but I have suffered some form of injuries. Whether it is emotional or monetary expenses.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. How many times does a person have to say stop to a collection agency before that same collection agency does stop? In other words, how many cease and desist letters a person has to serve upon a collection agency before it stops any and all collections efforts? I think one cease and desist letter should remedy the situation. This Court should agree with me when I say that 5 cease and desist notices served upon a collection company is more than enough for the collection company to take notice. One notice might get lost in the mail. A second notice might get misplaced or misfiled by the company. But 5 notices is adequate and there is no legal excuse for not taking notice. Especially when one notice was personally served upon the defendant and the rest of the notices were mailed via certified mail.

I am asking for this Court to award me the sum of \$ 1,000.00 [one thousand dollars] pursuant to section 813 of the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. §§ 1692, but this Court has the legal power and authority to award me more money, in the interest of justice, if I could show that the defendant has acted in bad faith and that I took all necessary actions to resolve this matter before coming to the courthouse steps. Thus, I am asking for this Court to really award me the sum of \$ 55,000.00 [fifty-five thousand dollars]. Since I filed a poor application with this Court and if my forma pauperis application is approved, and if I prevail at trial, then I kindly ask that this Court award me court costs made payable and directly to the Court and/ or court clerk only.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of May, 2011.

Signature of Plaintiff

Antonio Stamps

Mailing Address

201 Murray Avenue apt. 1-S

Yonkers, New York 10704

Westchester County

Telephone Number

(914) 439-7951

Fax Number (if you have one) none

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

BATYA GORIN, M.D.
1254 CENTRAL PARK AVENUE
YONKERS, NY 10704

Tel: 914/964-6564

STATEMENT

Patient: STAMOS, ANTONIOS
Tax I.D. 097404939

STAMOS, ANTONIOS
201 MURRAY AVENUE
APARTMENT # 1-S
YONKERS, NY 10704


STATEMENT DATE PAGE
05/13/11 1

ACCOUNT NUMBER
410159355 - 1 / SP

CALL NUMBER BELOW TO PAY BY CREDIT CARD

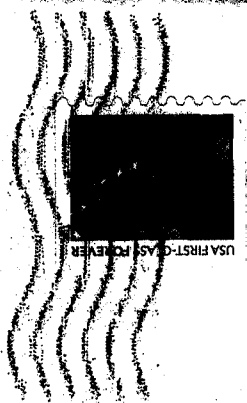
INDICATE
AMOUNT PAID \$ _____

Place Codes: IH=In Patient OH=Out Patient ER=Emergency Room

DATE	ICD9 CD	PL*	DESCRIPTION	AMOUNT
			Balance forward last statement	104.00
<div style="text-align: center;">  MAY 26 2011 BY MR. A. STAMOS </div>				
CURRENT AMOUNT			PAST DUE AMOUNT	PLEASE PAY
\$ 0.00			\$ 104.00	THIS AMOUNT \$ 104.00

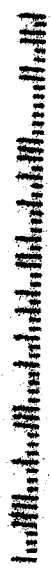
PLEASE SUBMIT BALANCE DUE. IF YOU HAVE ANY
QUESTIONS PLEASE CALL THE BILLING OFFICE AT
1(914)358-0241. PLEASE MAKE CHECKS OR MONEY
ORDER TO DR GORIN, THANK YOU.

PRIME MEDICAL BILLING
33 WEST MAIN STREET, SUITE 406
ELMSFORD, NY 10523



RECEIVED
MAY 26 2011
BY MR. A. STAMOS

10704+2372



BATYA GORIN, M.D.
1254 CENTRAL PARK AVENUE
YONKERS, NY 10704

Tel: 914/964-6564

STATEMENT

Patient: STAMOS, ANTONIOS
Tax I.D. 097404939

STAMOS, ANTONIOS
201 MURRAY AVENUE
APARTMENT # 1-S
YONKERS, NY 10704

STATEMENT DATE PAGE
04/01/11 1

ACCOUNT NUMBER
410159355 - 1 / SP

CALL NUMBER BELOW TO PAY BY CREDIT CARD

INDICATE
AMOUNT PAID \$ _____

Place Codes: IH=In Patient OH=Out Patient ER=Emergency Room

DATE	ICD9 CD	PL*	DESCRIPTION	AMOUNT
12/28/09	339.20	O	Balance forward last statement	0.00
12/28/09			99203 OFFICE/OUTPATIENT VISIT, NEW	195.00
			C PATIENT CHECK	-91.00
<div data-bbox="690 1059 961 1132" data-label="Text"> <p>RECEIVED</p> </div> <div data-bbox="665 1142 998 1221" data-label="Text"> <p>APRIL 14 2011 BY MR. A. STAMOS</p> </div>				
CURRENT AMOUNT			PAST DUE AMOUNT	PLEASE PAY
\$ 0.00			\$ 104.00	THIS AMOUNT \$ 104.00

PLEASE SUBMIT BALANCE DUE. PLEASE MAKE CHECK OR
MONEY ORDER TO DR GORIN. IF YOU HAVE ANY
QUESTIONS PLEASE CALL THE BILLING OFFICE AT
1(914)358-0241, THANK YOU.

PRIME MEDICAL BILLING
33 WEST MAIN STREET, SUITE 406
ELMSFORD, NY 10523

WESTCHESTER, NY 10585
USA FIRST CLASS PERMIT NO. 4570

USA FIRST CLASS PERMIT NO. 4570

RECEIVED

APRIL 14 2011
BY MR. A. STAMOS

10704+2371

10704+2371

BATYA GORIN, M.D.
1254 CENTRAL PARK AVENUE
YONKERS, NY 10704

Tel: 914/964-6564

STATEMENT

Patient: STAMOS, ANTONIOS
Tax I.D. 097404939

STAMOS, ANTONIOS
201 MURRAY AVENUE
APARTMENT # 1-S
YONKERS, NY 10704

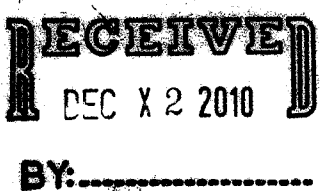
STATEMENT DATE PAGE
11/12/10 1

ACCOUNT NUMBER
410159355 - 1 / SP

CALL NUMBER BELOW TO PAY BY CREDIT CARD

INDICATE
AMOUNT PAID \$ _____

Place Codes: IH=In Patient OH=Out Patient ER=Emergency Room

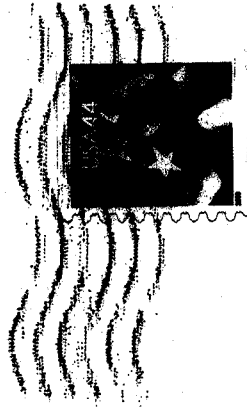
DATE	ICD9 CD	PL*	DESCRIPTION	AMOUNT
12/28/09	339.20	O	Balance forward last statement	0.00
12/28/09			99203 OFFICE/OUTPATIENT VISIT, NEW	195.00
			C PATIENT CHECK	-91.00
				
CURRENT AMOUNT		PAST DUE AMOUNT		PLEASE PAY
\$ 0.00		\$ 104.00		THIS AMOUNT \$ 104.00

PLEASE SUBMIT BALANCE DUE. PLEASE MAKE CHECK OR
MONEY ORDER TO DR GORIN. IF YOU HAVE ANY
QUESTIONS PLEASE CALL THE BILLING OFFICE AT
1(914)358-0241, THANK YOU.

PRIME MEDICAL BILLING
33 WEST MAIN STREET, SUITE 406
ELMSFORD, NY 10523

WESTCHESTER NY 10583

24 NOV 2010 PM 3 L

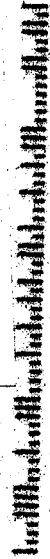


ELMSFORD, NY 105

RECEIVED
DEC X 2 2010

BY:

10704+2372



BATYA GORIN, M.D.
1254 CENTRAL PARK AVENUE
YONKERS, NY 10704

Tel: 914/964-6564

STATEMENT

Patient: STAMOS, ANTONIOS
Tax I.D. 097404939

STAMOS, ANTONIOS
201 MURRAY AVENUE
APARTMENT # 1-S
YONKERS, NY 10704


STATEMENT DATE PAGE
07/02/10 1

ACCOUNT NUMBER
410159355 - 1 / SP

CALL NUMBER BELOW TO PAY BY CREDIT CARD

INDICATE
AMOUNT PAID \$ _____

Place Codes: IH=In Patient OH=Out Patient ER=Emergency Room

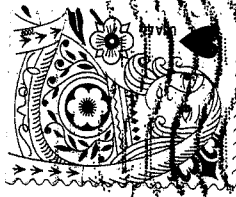
DATE	ICD9 CD	PL*	DESCRIPTION	AMOUNT
12/28/09	339.20	O	Balance forward last statement	0.00
12/28/09			99203 OFFICE/OUTPATIENT VISIT, NEW	195.00
			C PATIENT CHECK	-91.00
<p style="text-align: center;">  JUL X7 2010 BY MR. A. STAMOS </p>				
CURRENT AMOUNT			PAST DUE AMOUNT	PLEASE PAY
\$ 0.00			\$ 104.00	THIS AMOUNT \$ 104.00

PLEASE SUBMIT BALANCE DUE. PLEASE MAKE CHECK OR
MONEY ORDER TO DR GORIN. IF YOU HAVE ANY
QUESTIONS PLEASE CALL THE BILLING OFFICE AT
1(914)358-0241, THANK YOU.

PRIME MEDICAL BILLING
33 WEST MAIN STREET, SUITE 406
ELMSFORD, NY 10523

WESTCHESTER NY 105

05 JUL 2010 PM 11



33 WEST MAIN STREET, S
ELMSFORD, NY 105



1070411113

1070411113

BATYA GORIN, M.D.
1254 CENTRAL PARK AVENUE
YONKERS, NY 10704

Tel: 914/964-6564

STATEMENT

Patient: STAMOS, ANTONIOS
Tax I.D. 097404939

STAMOS, ANTONIOS
201 MURRAY AVENUE
APARTMENT # 1-S
YONKERS, NY 10704

STATEMENT DATE PAGE
03/12/10 1

ACCOUNT NUMBER
410159355 - 1 / SP

CALL NUMBER BELOW TO PAY BY CREDIT CARD

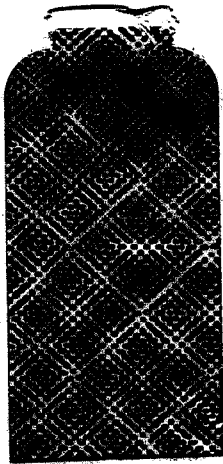
INDICATE
AMOUNT PAID \$ _____

Place Codes: IH=In Patient OH=Out Patient ER=Emergency Room

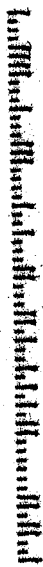
DATE	ICD9 CD	PL*	DESCRIPTION	AMOUNT
12/28/09	339.20	O	Balance forward last statement 99203 OFFICE/OUTPATIENT VISIT, NEW	0.00 195.00
<div data-bbox="737 1072 1008 1142" data-label="Text"> <p>RECEIVED</p> </div> <div data-bbox="711 1157 1044 1232" data-label="Text"> <p>MAR 18 2010 BY MR. A. STAMOS</p> </div>				
CURRENT AMOUNT \$ 195.00			PAST DUE AMOUNT \$ 0.00	PLEASE PAY THIS AMOUNT \$ 195.00

PLEASE SUBMIT BALANCE DUE. PLEASE MAKE CHECK OR
MONEY ORDER TO DR GORIN. ANY QUESTIONS PLEASE
CALL THE BILLING OFFICE AT 1(914)358-0241,
THANK YOU.

PRIME MEDICAL BILLING
33 WEST MAIN STREET, SUITE 406
ELMSFORD, NY 10523

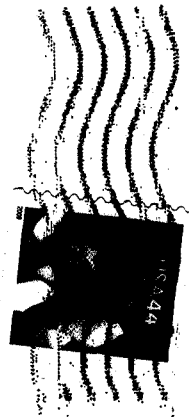


1070941143



WESTCHESTER NY 105

17 MAR 2010 PM 4 T



RECEIVED

MAR 18 2010
BY MR. A. STAMOS

01/19/10

Oper: NG

RECEIVED FEB 27 2010

STATEMENT

Page: 1

IRS# 097404939

BATYA GORIN, M.D.
 1254 CENTRAL PARK AVENUE
 YONKERS, NY 10704
 Tel: 914/964-6564

STAMOS, ANTONIOS
 201 MURRAY AVENUE
 APARTMENT # 1-S
 YONKERS, NY 10704

Acct: 410159355-1/SP 082708139
 Pat: STAMOS, ANTONIOS 10/23/72
 Tel: 914/439-7951

Insl: SELF PAY PATIENTS SELF PAY PATIENT

Date	Code	Description	Qt	Diag	Prv	Ref	AR	Plc	Amt	Bal
		Balance up to								0.00
12/28/09	99203	OFFICE/OUTPATIENT VISI	1	339.20	BG1		SP	O	195.00	195.00
		Regular Balance							\$	195.00

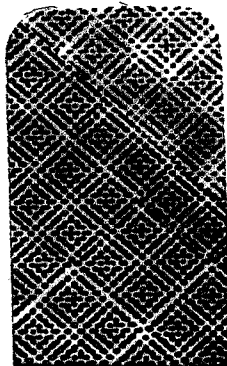
Previous Total: 0.00

	Today's	To Date
Charges :	195.00	195.00
Payments :	0.00	0.00
Adjustments :	0.00	0.00

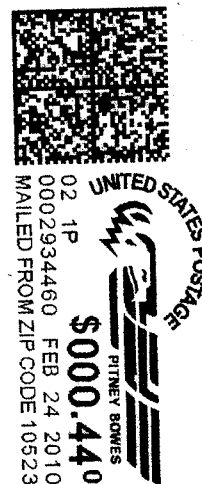
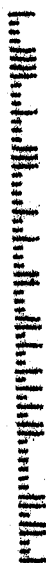
Providers: BG1 - GORIN, BATYA

PLEASE CONTACT OUR OFFICE TO SET UP A PAYMENT ARRANGEMENT. (914)358-0241

PRIME MEDICAL BILLING
& MANAGEMENT
33 WEST MAIN ST. SUITE 406
ELMSFORD, NY 10523



107041195



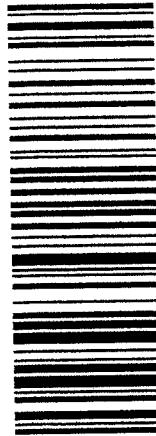
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Antonlos Stamos
201 Murray Avenue apt 1-S
Yonkers, N.Y. 10704

Prime Medical Billing
33 West Main Street, suite 406
Elmsford, N.Y. 10523

*** Urgent ***

Antonios Stamos
201 Murray Avenue apt 1-S
Yonkers, N.Y. 10704



7008 1140 0000 8253 4488

Prime Medical Billing
33 West Main Street, suite 406
Elmsford, N.Y. 10523

*** Urgent ***

9844 4928 8268 0000 0471 9002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.54

0148 11 07/08/2010

Postmark Here

Sent To Prime Medical Billing
Street, Apt. No., or PO Box No. 33 West Main Street, suite 406
City, State, ZIP+4 Elmsford, N.Y. 10523

PS Form 3800, August 2004

UNITED STATES POSTAL SERVICE

Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
This form may be used for domestic and international mail.

From: ANTONIO STAMOS
201 Murray Avenue apt 1
Yonkers, N.Y. 10704

To: Prime Medical Billing
33 West Main St. suite 406
Elmsford, N.Y. 10523

1008 15 07/08/2010

UNITED STATES POSTAL SERVICE

YONKERS, NY 10704

PAID 15.00

U.S. POSTAGE

PSN 7530-02-000-9065

PS Form 3817, April 2007

Customer Copy

[Home](#) | [Help](#) | [Sign In](#)[Track & Confirm](#)[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 1140 0000 8263 4488

Class: First-Class Mail[®]Service(s): Certified Mail[™]

Return Receipt

Status: Notice Left

We attempted to deliver your item at 6:15 AM on July 10, 2010 in ELMSFORD, NY 10523 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.

Detailed Results:

- Notice Left, July 10, 2010, 6:15 am, ELMSFORD, NY 10523
- Arrival at Unit, July 10, 2010, 6:14 am, ELMSFORD, NY 10523
- Acceptance, July 08, 2010, 5:46 pm, YONKERS, NY 10701

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)[Site Map](#)[Customer Service](#)[Forms](#)[Gov't Services](#)[Careers](#)[Privacy Policy](#)[Terms of Use](#)[Business Customer Gateway](#)

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No FEAR Act EEO Data

FOIA

[Home](#) | [Help](#) | [Sign In](#)[Track & Confirm](#)[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 1140 0000 8263 4488
Status: **Delivered**

Your item was delivered at 11:18 am on July 12, 2010 in ELMSFORD, NY 10523. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)[Restore Offline Details >](#)[Return to USPS.com Home >](#)[Site Map](#)[Customer Service](#)[Forms](#)[Gov't Services](#)[Careers](#)[Privacy Policy](#)[Terms of Use](#)[Business Customer Gateway](#)

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No FEAR Act EEO Data



FOIA



For All the People
Everywhere We Go



Integrity
Security
Service

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by  C. Date of Delivery 7-12-10</p>
<p>1. Article Addressed to:</p> <p>Prime Medical Billing 33 West Main Street, suite 406 Elmsford, N.Y. 10523</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 1140 0000 8263 4488</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

WESTCHESTER NY 105

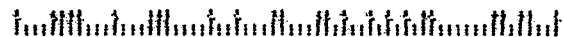
12 JUL 2010 PM 4 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Antonios Stamos
201 Murray Avenue
Yonkers, N.Y. 10704

145



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Antonios Stamos
201 Murray Avenue apt. 1-S
Yonkers, N.Y. 10704
(914) 439-7951

April 20, 2011

personal service upon

PRIME MEDICAL BILLING
33 WEST MAIN STREET, suite 406
Elmsford, N.Y. 10523

FDCPA

§ 806. Harassment or abuse § 813. Civil liability

Re:

Batya Gorin, M.D.
1254 Central Park Avenue
Yonkers, N.Y. 10704
(914) 964-6564
account number 410159355 – 1 / SP
Tax I.D. 097404939

Patient: Antonios Stamos

To whom it may concern:

PLEASE TAKE NOTICE that this is the second time I am giving you notice to stop mailing me any further billing notice(s), letter(s), or collection letter(s).

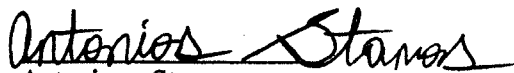
PLEASE TAKE FURTHER NOTICE that if I receive any more billing notice(s), letter(s), or collection letter(s), then you leave me no choice but to file a Federal lawsuit against PRIME MEDICAL BILLING seeking an injunction against you. If I decide to drive down that road and I prevail at trial, then the court may impose additional costs against you.


You are hereby given notice, Second and FINAL NOTICE.

PLEASE TAKE FURTHER NOTICE that you are crossing the line from acting in a reasonable manner to acting in a harassing manner. In other words, you mailing me a few billing collection notices and you calling me on my cell with a Blocked Caller ID has crossed the line, and I strongly feel that **you are harassing me at this point.**

I will give you one last chance to do the right thing. I cannot afford to spend time and money trying a case. Make no mistake, if I receive another notice, letter, bill, collection letter, or another Block Caller ID, then I will start a lawsuit against you (PRIME MEDICAL BILLING).

Sincerely yours,


Antonios Stamos


9/ 9:49AM 4/22/2011

cc:

Batya Gorin, M.D.
1254 Central Park Avenue
Yonkers, N.Y. 10704
(914) 964-6564

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7001 1940 0006 1757 9849

OFFICIAL USE

ELMSFORD, NY 10523

Postage	\$ 0.44
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.59

0031
APR 22 2011
04
Postmark Here
04/22/2011

Sent To **PRIME MEDICAL BILLING**
33 WEST MAIN STREET, suite 406
Street, Apt. No.,
or PO Box No. **Elmsford, N.Y. 10523**
City, State, ZIP+4

PS Form 3800, January 2007 See Reverse for Instructions



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
This form may be used for domestic and international mail.

From:

Antonios Stamos

201 Murray Avenue apt. 1-S

Yonkers, N.Y. 10704

To:

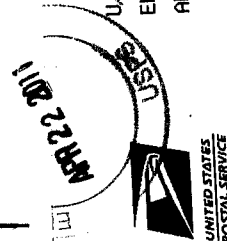
PRIME MEDICAL BILLING

33 WEST MAIN STREET, suite 406

Elmsford, N.Y. 10523

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. POSTAGE
PAID
ELMSFORD, NY
10523
APR 22 11
AMOUNT
\$1.15
00053041-04



1000

ELMSFORD MPO
 ELMSFORD, New York
 105232600
 3590960031-0098
 04/22/2011 (914)592-6967 09:38:02 AM

Product Description	Sale Qty	Unit Price	Final Price
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44c Anna Julia	1	\$0.44	\$0.44
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Cooper PSA Certificate of Mailing	1	\$1.15	\$1.15
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Total:			\$1.59
--------	--	--	--------

Paid by:
 Cash \$2.00
 Change Due: -\$0.41

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

Bill#:1000201261350
 Clerk:04

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

ELMSFORD MPO
 ELMSFORD, New York
 105232600
 3590960031-0098
 04/22/2011 (914)592-6967 09:37:00 AM

Product Description	Sale Qty	Unit Price	Final Price
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ELMSFORD NY 10523			\$0.44
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Zone-0 First-Class			
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Letter			
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0.50 oz.			
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Expected Delivery: Sat 04/23/11			
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Return Rcpt (Green Card)			\$2.30
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Certified			\$2.85
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Label #:	70011940000617579849		
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Issue PVI:			\$5.59
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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Change Due:			-\$14.41
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Total:			\$5.59
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Paid by:			
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Cash			\$20.00
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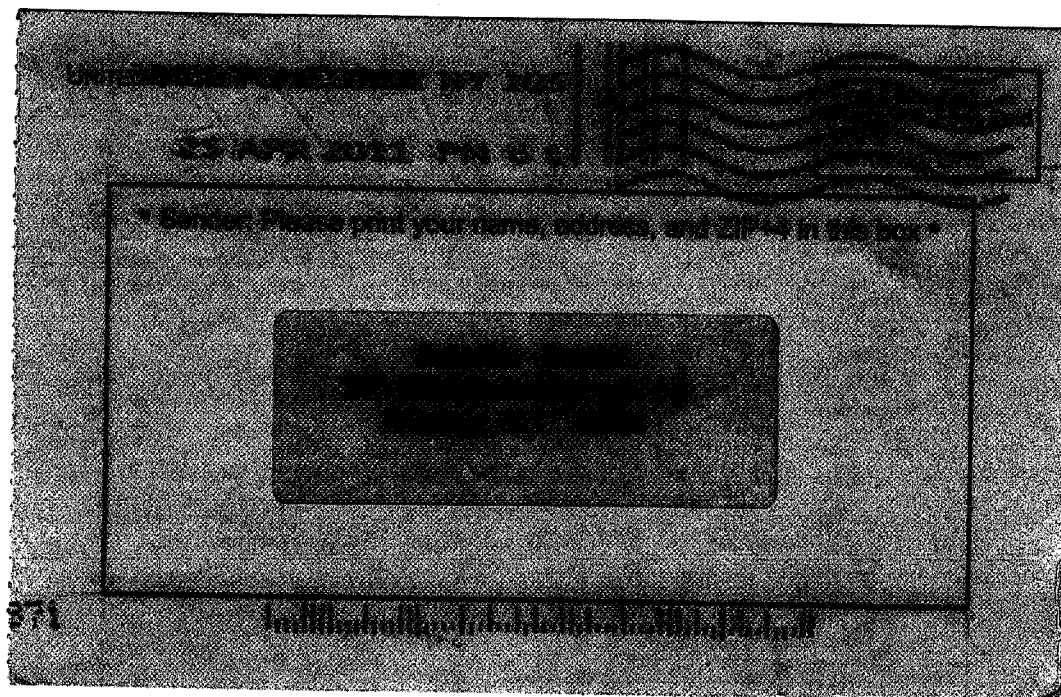
Change Due:			-\$14.41
-------------	--	--	----------

Total:			\$5.59
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Paid by:			
----------	--	--	--

Cash			\$20.00
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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>X <i>Van. Kelly</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>THE MEDICAL BOARD 25 WEST MAIN STREET, SUITE 200 CHICAGO, ILL. 60601</p>		<p>B. Received by: <i>4-25-11</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7001 1940 0006 1757 9847</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102025-02-M-1549</p>	



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Track & Confirm

Search Results

Label/Receipt Number: 7001 1940 0006 1757 9849

Expected Delivery Date: April 23, 2011

Class: First-Class Mail®

Service(s): Certified Mail™
Return Receipt

Status: Delivered

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Your item was delivered at 11:22 am on April 25, 2011 in ELMSFORD, NY 10523.

Detailed Results:

- Delivered, April 25, 2011, 11:22 am, ELMSFORD, NY 10523
- Notice Left (Business Closed), April 23, 2011, 8:41 am, ELMSFORD, NY 10523
- Arrival at Unit, April 23, 2011, 8:37 am, ELMSFORD, NY 10523
- Processed through Sort Facility, April 22, 2011, 10:22 pm, WHITE PLAINS, NY 10610
- Acceptance, April 22, 2011, 9:36 am, ELMSFORD, NY 10523

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAR Act EEO Data

FOIA



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